

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003120

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: FLORIDA DEMOLAY HALL OF FAME, INC.

**Current Principal Place of Business:**

5500 MEMORIAL HWY.  
TAMPA, FL 336347336 US

**New Principal Place of Business:**

**Current Mailing Address:**

164 NIGHTINGALE CIRCLE.  
ELLENTON, FL 342224254

**New Mailing Address:**

FEI Number: 59-3144673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEGUIAR, JEROME M  
145 W. DAVIS BLVD  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: MEGUIAR, JEROME M.  
Address: 145 W. DAVIS BLVD.  
City-St-Zip: TAMPA, FL 336063539

Title: PD ( ) Delete  
Name: SEDORY, A, L  
Address: 2517 CULBREATH COVE CT  
City-St-Zip: VALRICO, FL 335946387

Title: S ( ) Delete  
Name: MEGUIAR, ROBERT JORDAN  
Address: 4124 GRADSTONE PLACE  
City-St-Zip: TAMPA, FL 336177370

Title: DT ( ) Delete  
Name: LEVAN, CHARLES M  
Address: 164 NIGHTINGALE CIRCLE  
City-St-Zip: ELLENTON, FL 342224254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. LEVAN

DT

03/18/2009

Electronic Signature of Signing Officer or Director

Date